



USAID
FROM THE AMERICAN PEOPLE

ISSUANCE DATE: March 15, 2017

CLOSING DATE: April 14, 2017 at 12:00 Noon, Central Africa Time

Ladies/Gentlemen:

SUBJECT: Solicitation for GS-14 Equivalent Personal Services Contract (PSC) for Bureau for Africa, Health Office, USAID/Zimbabwe.

RFP#SOL-613-17-000008

The United States Government, represented by the U.S. Agency for International Development (USAID), is seeking applications of qualified individuals interested in providing Personal Services Contract (PSC) services as described in the attached solicitation.

Submittals shall be in accordance with the attached information at the place and time specified. In order to be considered for the position, a candidate must meet the Minimum Qualifications listed in the solicitation. Consideration and selection will be based on a panel evaluation of the applications vis-à-vis the Evaluation Criteria. Resumes may be attached to the USAID Form AID 302-3 and applicants should write a brief appendix to demonstrate how prior experience and/or training address these criteria. Applicants are required to sign the certification at the end of the AID 302-3. Applications that are received without a signature will not be considered for the position.

Applicants are responsible for submitting the AID 302-3, so as to reach the Government office designated in the solicitation by the closing date and time specified in the solicitation. Applications must be submitted in an email to the person specified below. An application received after the closing date and time will be considered late, unless there is acceptable evidence to establish that it was received on time.

Any questions as well as submission of proposals in response to this solicitation must be directed to: Jason Bennett, Executive Officer E-Mail: jbennett@usaid.gov.

All applications must be submitted via e-mail. Applicants must send a scanned copy of the signature page in order for their application to be considered for this position.

Applicants should retain for their records copies of all enclosures which accompany their applications. All email submissions must contain the solicitation number, RFP#SOL-613-17-000008, in the subject line.

Sincerely,

Leona Sasinkova
Contracting Officer
USAID/Zimbabwe
Office of Acquisition and Assistance

RFP#SOL-613-17-000008

SOLICITATION NUMBER: SOL-613-17-000008

ISSUANCE DATE: Wednesday, March 15, 2017

CLOSING DATE: Friday, April 14, 2017, at 12:00 PM CAT

POSITION TITLE: USPSC, Malaria Resident Advisor, USAID/Zimbabwe

MARKET VALUE: This position is the equivalent of a GS-14, with a salary range from \$88,136.00 to \$114,578.00 per annum. Final compensation will be based on the individual's salary and work history and , experience.

OTHER DETAILS: Salaries over and above the top of the pay range will not be entertained or negotiated.

PERIOD OF PERFORMANCE: Two years from start date of the contract with up to three one-year option periods.

PLACE OF PERFORMANCE: Harare, Zimbabwe.

SECURITY ACCESS: Secret

AREA OF CONSIDERATION: Open to all U.S. Citizens

I. BACKGROUND

The Health team in USAID/Zimbabwe currently is comprised of a team of 22 people working closely and collaboratively to help mitigate HIV, Tuberculosis, and Malaria in Zimbabwe and to improve essential health services in reproductive, maternal, neonatal, and child health. USAID/Zimbabwe's assistance approaches recently emerged from an emergency, fragile phase and returned to assistance that is more health sector development oriented. Additionally, the Mission is moving to diversify its health assistance, balancing a continuing flow of funding and seeking opportunities to build in sustainability of programs and capacity building at the Ministry of Health and Child Care and partners.

Zimbabwe has amongst the highest HIV prevalence and maternal mortality rates in the region. Not surprisingly, Zimbabwe's Human Development Index (HDI) value is 0.509 – a score that places the country in the low human development category. The country's high mortality and morbidity rates are a result of an under-resourced health delivery system, which is overstretched by the high burden of HIV, tuberculosis (TB), malaria, and maternal and childhood illnesses. A decade of worsening economic conditions and rising costs have eroded a once vibrant health system, which now functions largely due to donor assistance.

The health sector has produced notable results in the areas of HIV; TB; malaria; maternal, newborn and child health (MNCH); and family planning/reproductive health (FP/RH). The national response to the HIV epidemic has scaled up prevention and treatment interventions, resulting in an estimated 290,000 lives saved through antiretroviral treatment (ART) since 2009 and a 50 percent decrease in the number of new HIV infections over the last ten years.¹ The TB treatment success rate increased from 67 percent in 2006 to 80 percent in 2015, which meets the National TB program objective and World Health Organization recommendations.² **Malaria incidence declined by 79 percent, from 136/1,000 in 2000 to 29/1,000 in 2015.**³ Although the maternal mortality rate declined significantly from 960 deaths per 100,000 live births in 2010/11 to 614 deaths per 100,000 live births in 2014,⁴ this rate remains too high by regional standards. The contraceptive prevalence rate increased from 60 percent in 2006⁵ to 67 percent in 2014.⁶ These are noteworthy gains given the general economic decline and political context and speak to the technical and financial support provided by the donor community. Sustaining these gains will require both continued donor engagement and collaboration with the Ministry of Health and Child Care (MOHCC) to improve the systems and implementation of policies that surround the delivery of health services.

While the current environment is difficult and unpredictable, there are windows of opportunity in which USAID can continue to affect positive change. The Mission currently sees the following opportunities on which to build for continued success:

- A. Progress on the key health indicators demonstrates potential for further gains while reducing the influence that high disease burdens have on the economy;
- B. Mid-level capacity and commitment within selected GOZ ministries can present windows for positive dialogue on key issues that advance USAID's work in Zimbabwe;

¹ MOHCC, National HIV/AIDS Estimates, 2015

² World Bank, <http://data.worldbank.org/indicator/SH.TBS.CURE.ZS?page=1>

³ Zimbabwe Malaria Program Performance Review, March 2016.

⁴ Zimbabwe Demographic and Health Survey, 2010-11.

⁵ Ibid.

⁶ Zimstat Multiple Indicator Cluster Survey, 2014.

- C. Implementation of the 2013 Constitution, which establishes a progressive framework for rights and freedoms can be an avenue for advancing democratic reforms and protecting human rights;
- D. An active and resilient civil society, which is interested in building skills, knowledge, and experience;
- E. Openings within the GOZ for policy reform due to economic stagnation; and
- F. Well-educated adult population presents a wide base of human capital for the country's development.

The other window of opportunity is the Zimbabwean people. Zimbabweans have demonstrated a remarkable resilience and willingness to work hard despite any circumstances, and many remain committed to building a democratic and prosperous nation.

II. DUTIES AND RESPONSIBILITIES:

The USAID/Zimbabwe Malaria Advisor, in collaboration with the President's Malaria Initiative (PMI) CDC Technical Advisor, shall oversee the technical design, planning, implementation, and monitoring of the PMI. He/she shall work with the PMI CDC Resident Advisor as a team in liaising with backstops for the PMI in USAID Washington, counterparts at CDC Atlanta, USAID personnel working within and overseeing the Mission's activities related to malaria control and providing technical and managerial support to the National Malaria Control Program (NMCP) Director and the staff and helping to build capacity within the NMCP. In addition, the Malaria Advisor shall represent USAID and the USG on various national and international technical and policy forums.

The USAID/Zimbabwe Malaria Advisor shall provide specialized, senior-level technical expertise in malaria, as well as leadership, guidance and overall direction on the development and execution of the President's Malaria Initiative (PMI) in collaboration with the PMI CDC Malaria Advisor on the PMI Team at USAID/Zimbabwe. The Contractor shall liaise with backstops for the PMI in USAID Washington, CDC/Atlanta and with PMI counterparts worldwide. The Contractor will also work with USAID personnel working within and overseeing the Mission's activities related to malaria control. These responsibilities include providing expert malaria technical guidance and advice to the National Malaria Control Program, provincial and district level counterparts and other malaria control partners, including other United States Government (USG) entities working in malaria prevention and control.

The USAID/Zimbabwe Malaria Advisor shall exercise extensive independent judgment in planning and carrying out tasks, in representing the USG in critical technical and policy forums, in resolving problems and conflicts, and in taking steps necessary to meet deadlines. The Malaria Advisor will also represent USAID at functions; approve policy documents; provide technical guidance and/or directly manage contracts and grants; budget; and develop planning documents and work plans.

Functional Areas of Responsibility

- A. Technical Leadership (30%) - The incumbent, working in collaboration with the NMCP and PMI staff in the US, will be responsible for developing and providing expert malaria technical guidance and advice to guide planning and implementation of malaria control interventions. Specifically, the incumbent will be responsible for:
- Leading malaria related procurements, and developing related annual work plans in line with PMI objectives and goals. This will include but is not limited to activities which include case management of malaria in health facilities and at the community level, distribution of LLINs through various outlets, large-scale campaigns, and the private sector, intermittent preventive treatment of pregnant women, indoor residual spraying, and developing information, education and communications materials to promote the use of these interventions.
 - Providing technical advice to the USG representative on the Global Fund CCM, and technical input to the Malaria Oversight Committee of the CCM.
 - Ensuring that all activities are consistent with internationally accepted technical best practices for malaria control and relevant to the specific epidemiology of Zimbabwe.
 - Providing technical support to all partners and managerial support as needed during the design and implementation phases of the project to ensure the quality of interventions supported and that programmatic targets are met.
- B. Management of Activity Implementation (25%) - The incumbent, in collaboration with the NMCP, will be responsible for the overseeing the management of projects being implemented under the PMI. This includes but is not limited to malaria prevention and control activities such as behavior change and communication activities, LLIN purchase and distribution through the existing health services and at the community level, antimalarial drug purchase and distribution through the existing health services, IPT coverage and the diagnosis and treatment of acute malaria, and the indoor residual spraying conducted under the initiative. Specifically, the incumbent, in collaboration with the PMI CDC Resident Advisor, will be responsible for:
- Monitoring and reporting the results of all PMI activities.
 - Managing and overseeing services and deliverables provided by contractors and grantees, in accordance with USAID program management regulations, procedures, and practices.
 - Collaborating with senior staff of the NMCP and other partners, such as the Global Fund (GF), WHO, and implementing partners to design, plan and implement malaria prevention and control activities consistent with the malaria control coverage needs identified by the strategy and plans of the NMCP and PMI.
 - Working with suppliers and partners to ensure that programmatic commodities are purchased in a timely and cost effective manner, as well as ensuring that the absorptive capacity exists in implementation sites to receive, manage and distribute these items effectively.
 - Ensuring that malaria activities are integrated into overall USAID-supported health activities and coordinating these activities with the NMCP and MOHCW to avoid duplication of effort or programming gaps.
- C. Partner Relationships (20%) - Successful performance in this position depends upon establishing and maintaining productive collaborative relationships with a wide range of partners and stakeholders, including among others the MOHCC, Global Fund, WHO, other

donors and implementing partners dealing with issues focusing on malaria. Specifically, the Malaria Advisor will:

- a. Develop and maintain relationships with these partners and stakeholders in order to insure that all of USG PMI's activities are complementary and enhance all other malaria activities being implemented in Zimbabwe.
 - b. Participate in all meetings hosted by the NMCP on malaria.
 - c. Coordinate with other malaria partners and support efforts to address malaria control delivery gaps.
 - d. Build technical and managerial capacity within the NMCP at the national, provincial and district levels.
 - e. Assist the NMCP and MOHCC to ensure effective communication and coordination between Roll Back Malaria and Global Fund partners, including donor agencies and other stakeholders working on malaria control in Zimbabwe.
 - f. Insure effective coordination between MOHCC departments and other organizations active in malaria prevention and control in Zimbabwe.
- D. Monitoring and Evaluation (15%) - Monitoring and evaluation is a key component of the PMI. The Malaria Resident Advisor shall provide expert advice and practical experience in helping the MOHCC, the NMCP and other partners to monitor inputs and outcomes, progress towards Roll Back Malaria goals, and how to execute it jointly. Specifically, the Malaria Advisor shall be responsible for:
- a. Working with the PMI CDC Malaria Resident Advisor to develop a monitoring and evaluation plan in line with the PMI targets.
 - b. Ensuring that PMI partners develop project monitoring plans and report in a timely manner on their activities.
 - c. Assisting the PMI administrative manager to ensure full accountability and value for money of funds provided by the President's Initiative on Malaria.
 - d. Working with the NMCP and other partners to develop and execute a monitoring and evaluation plan to be implemented through existing MOHCC systems and existing USG supported mechanisms.
 - e. Carrying out monitoring and evaluation visits to implementation sites to ascertain all quantitative and qualitative data is collected properly, and ensuring programmatic quality and value for money are maintained.
- E. Coordination with Other PMI Personnel (10%) - The incumbent will be required to communicate regularly and work jointly with other members of the USAID/Washington Global Health Bureau, USAID/Zimbabwe Health team, CDC/Zimbabwe and CDC Atlanta. Specifically s/he will insure that financial and technical reports on the President's Malaria Initiative in Zimbabwe are prepared and submitted as required.

MINIMUM QUALIFICATIONS

The applicant must have:

- A. U.S. citizenship.
- B. Completed and signed USAID Form AID 302-3 is submitted.

- C. Supplemental documents, especially a resume and/or additional information addressing the Evaluation criteria, submitted.
- D. Ability to obtain Secret level security clearance, as provided by USAID.
- E. Satisfactory verification of academic credentials.
- F. A graduate degree in public health international health, or social sciences from a recognized institution and/or clinical qualifications. Specialized experience in malaria is required in areas including but not limited to vector control, entomology, clinical case management of malaria, and epidemic surveillance and forecasting.
- G. A minimum of ten (10) years of progressively responsible experience in designing, implementing and managing malaria and other health programs in developing countries.
- H. Excellent computer skills (MS Word, Excel, Power Point, and Outlook, Access, SPSS and other statistical and other relevant software) are required for effectively operating in this position. Good computer skills are required to implement, analyze, and monitor, and manage activity goals, inputs, outcomes, and achievements, both program and impact.
- I. Ability to reside overseas in USAID-assisted countries, work effectively in a team environment, and proactively work to achieve consensus on policy, project, and administrative matters.

Applicants who meet the above Selection Factors will be further evaluated based on scoring of the Evaluation Criteria below.

SELECTION CRITERIA:

All applications will be evaluated and scored base on the responses and documentation submitted with the application. The evaluation committee may conduct interviews by phone or in person. The following factors are listed and will be the basis for evaluation of all applications.

- A. Technical Knowledge and Development Program Management Experience *(50 Points)*
 - 1) Analytical ability to interpret public policies and assist in the development of revised policies as required improving the policy environment related to malaria in Zimbabwe. Management skills required to develop and implement effective malaria prevention and treatment program activities involving financial and human resources. Administrative skills are required to assist in the oversight of cooperating agency technical advisors and institutional contractors. *(10 Points)*
 - 2) Demonstrated technical leadership, program management, strategic planning, policy experience and problem solving skills working on complex projects in a highly sensitive environment. Proven program management skills, including procedures and systems for program design, procurement, implementation, management, and monitoring. *(10 Points)*
 - 3) Skill in conceptualizing programs, policies, and plans and developing strategies for their management and implementation. The candidate must be able to integrate short and long-range objectives of the USAID Health Team and the PMI with the

cultural/organizational needs of the government. *(10 Points)*

- 4) Knowledge and skills in quantitative and qualitative evaluation methods; experience in designing and evaluating malaria activities in Africa, with particular emphasis on Zimbabwe and Southern Africa. The incumbent must have proven skills in capacity building and mentoring local staff in a developing country. *(10 Points)*
- 5) Demonstrable skills are required in working effectively with health personnel of diverse cultural backgrounds, negotiating agreements on matters of program strategy and performance, writing, administration, and management. Ability to navigate and manage politically sensitive issues related to malaria control. *(10 Points)*

B. Teamwork and Interpersonal Skills *(20 Points)*

- 1) Must be able to work effectively with a broad range of USG personnel and partners, and have demonstrated skills in donor coordination and collaboration. Ability to work both independently and in a team environment to achieve consensus on policy, program and administrative matters is a must. *(10 Points)*
- 2) Ability to work effectively in a team environment and communicate highly technical health information to both health and non-health audiences, and achieve consensus on policy, project, research, and administrative matters. *(10 Points)*

C. Language and Communication *(20 Points)*

- 1) Must have proven ability to communicate quickly, clearly and concisely – both orally and in writing in English. Demonstrated ability to make sensitive oral presentations logically and persuasively to senior USG and host-country officials and other donors. *(10 Points)*
- 2) Excellent verbal communication skills, tact and diplomacy are required to establish and develop sustainable working relationships at the highest level and a high level of trust with public/private organizations. Verbal communication skills are also used to negotiate activity plans and resolve activity implementation issues with counterparts, partners and team members. Ability to communicate technical information to health and non-health audiences. Excellent written communication skills are required to prepare regular and ad hoc reports, activity documentation and briefing papers. *(10 Points)*

Total Possible Application Points: 90

Consideration and selection will be based on a panel review of the application against the Evaluation Criteria. The most qualified applicants selected from the evaluation criteria listed above will be interviewed by phone or in person. USAID will not pay for any expenses associated with the interviews.

Professional references and academic credentials will be evaluated for applicants being considered for selection. References with their contact information should be provided in the application.

Please note that not all applicants will be interviewed or contacted. Applicants are strongly encouraged to write a brief appendix to an AID 302-3 to demonstrate how prior experience and/or training addresses the required Selection Factors and Evaluation Criteria listed above.

III. HOW TO APPLY

Qualified individuals are requested to submit:

- A. A USAID Form AID 302-3 (Offeror Information for Personal Services Contracts) with hand-written signature (available at the USAID website, <http://www.usaid.gov/forms/>);
- B. A resume must be attached to the AID 302-3. Resumes must contain sufficient information to make a valid determination of meeting experience requirements as stated in this solicitation. This information should be clearly identified in the resume. Failure to provide information sufficient to determine qualifications for the position will result in loss of full consideration.

In order to fully evaluate applications, resumes must include:

- 1) Paid and non-paid experience, job title, location(s), dates held (month/year), and hours worked per week for each position. Dates (month/year) and locations for all field experience must also be detailed. Any experience that does not include dates (month/year), locations, and hours per week will not be counted towards meeting the solicitation requirements.
 - 2) Specific duties performed that fully detail the level and complexity of the work.
 - 3) Education and any other qualifications including job-related training courses, job-related skills, or job-related honors, awards or accomplishments.
- C. A brief appendix or cover letter that demonstrates how prior experience and/or training address directly the evaluation criteria should be attached.
 - D. A scanned or emailed copy of transcripts for the highest degree attained.
 - E. Names and current contact information of three professional references that have knowledge of the applicant's ability to perform the duties set forth in this solicitation.
 - F. Professional writing sample, of no more than five pages, preferably on a subject relevant to the position.
 - G. Proof of U.S. Citizenship

Applications must be received by the closing date and time at the address specified in the cover letter.

To ensure consideration of applications for the intended position, please reference the solicitation number on your application, and as the subject line in any cover letter. The highest ranking applicants may be selected for an interview. It is also possible that reference checks may be conducted on those candidates selected for an interview. The Government will not pay for any expenses associated with the interviews.

NOTE REGARDING GOVERNMENT OBLIGATIONS FOR THIS SOLICITATION

This solicitation in no way obligates USAID to award a PSC contract, nor does it commit USAID to pay any cost incurred in the preparation and submission of the application.

LIST OF REQUIRED FORMS FOR PSCS

Forms outlined below can found at

http://www.usaid.gov/procurement_bus_opp/procurement/psc_solicit/

1. AID 302-3.
2. Contractor Physical Examination (USAID Form 1420-62). **
3. Questionnaire for Sensitive Positions (for National Security) (SF-86), or **
4. Questionnaire for Non-Sensitive Positions (SF-85). **
5. Finger Print Card (FD-258). **
6. Employment Eligibility Verification (I-9). **

** Forms 2 through 6 shall be completed only upon the advice of the Contracting Officer that an applicant is the successful candidate for the job.

USAID regulations and policies governing USPSC awards are available at these sources:

1. USAID Acquisition Regulation (AIDAR), Appendix D, "Direct USAID Contracts with a U.S. Citizen or a U.S. Resident Alien for Personal Services Abroad," including contract clause "General Provisions," available at https://www.usaid.gov/sites/default/files/documents/1868/aidar_0.pdf.
2. Contract Cover Page form AID 302-4 available at <https://www.usaid.gov/forms>.
3. Acquisition and Assistance Policy Directives/Contract Information Bulletins (AAPDs/CIBs) for Personal Services Contracts with Individuals available at <http://www.usaid.gov/work-usaid/aapds-cibs>.

AAPD 06-10 - PSC MEDICAL PAYMENT RESPONSIBILITY.

AAPD-10-01 - CHANGES IN USG REIMBURSEMENT AMOUNTS FOR HEALTH INSURANCE AND PHYSICAL EXAMINATION COSTS.

AAPD-10-03 – AIDAR, APPENDIX D: IMPLEMENTING BENEFITS FOR SAME-SEX DOMESTIC PARTNERS OF USPSC.

AAPD-15-02 – AUTHORIZATION OF FAMILY AND MEDICAL LEAVE FOR U.S. PERSONAL SERVICES CONTRACTORS (USPSCs).

AAPD-16-03 – EXPANDED INCENTIVE AWARDS FOR PERSONAL SERVICES CONTRACTS WITH INDIVIDUALS.

4. Ethical Conduct. By the acceptance of a USAID personal services contract as an individual, the contractor will be acknowledging receipt of the "Standards of Ethical Conduct for Employees of the

Executive Branch," available from the U.S. Office of Government Ethics, in accordance with General Provision 2 and 5 CFR 2635. See <https://www.oge.gov/web/oge.nsf/OGE%20Regulations> .

BENEFITS/ALLOWANCES:

As a matter of policy, and as appropriate, a PSC is normally authorized the following benefits and allowances:

BENEFITS:

Employee's FICA Contribution
Contribution toward Health & Life Insurance
Pay Comparability Adjustment
Annual Increase
Eligibility for Worker's Compensation
Annual & Sick Leave

ALLOWANCES (If Applicable):*

- A. Temporary Lodging Allowance (Section 120).
- B. Living Quarters Allowance (Section 130).
- C. Post Allowance (Section 220).
- D. Supplemental Post Allowance (Section 230).
- E. Separate Maintenance Allowance (Section 260).
- F. Education Allowance (Section 270).
- G. Education Travel (Section 280).
- H. Post Differential (Chapter 500).
- I. Payments during Evacuation/Authorized Departure (Section 600), and
- J. Danger Pay (Section 650).

* Standardized Regulations (Government Civilians Foreign Areas).

TAXES: USPSCs are required to pay Federal Income taxes, FICA, Medicare and applicable State Income taxes.

ALL QUALIFIED APPLICANTS WILL BE CONSIDERED REGARDLESS OF AGE, RACE, COLOR, SEX, CREED, NATIONAL ORIGIN, LAWFUL POLITICAL AFFILIATION, NON-DISQUALIFYING HANDICAP, MARITAL STATUS, SEXUAL ORIENTATION, AFFILIATION WITH AN EMPLOYEE ORGANIZATION, OR OTHER NON-MERIT FACTOR.

ATTACHMENT 1 - MEDICAL EXPENSE PAYMENT RESPONSIBILITY (OCTOBER 2006)

- (a) Definitions. Terms used in this General Provision are defined in 16 FAM 116 (available at <http://www.foia.state.gov/REGS/fams.asp?level=2&id=59&fam=0>). Note: personal services contractors are not eligible to participate in the Federal Employees Health Programs.
- (b) The regulations in the Foreign Affairs Manual, Volume 16, Chapter 520 (16 FAM 520), Responsibility for Payment of Medical Expenses, apply to this contract, except as stated below. The contractor and each eligible family member are strongly encouraged to obtain health insurance that covers this assignment. Nothing in this provision supersedes or contradicts any other term or provision in this contract that pertains to insurance or medical costs, except that section (e) supplements General Provision 25. "MEDICAL EVACUATION (MEDEVAC) SERVICES."
- (c) When the contractor or eligible family member is covered by health insurance, that insurance is the primary payer for medical services provided to that contractor or eligible family member(s) both in the United States and abroad. The primary insurer's liability is determined by the terms, conditions, limitations, and exclusions of the insurance policy. When the contractor or eligible family member is not covered by health insurance, the contractor is the primary payer for the total amount of medical costs incurred and the U.S. Government has no payment obligation (see paragraph (f) of this provision).
- (d) USAID serves as a secondary payer for medical expenses of the contractor and eligible family members who are covered by health insurance, where the following conditions are met:
- (1) The illness, injury, or medical condition giving rise to the expense is incurred, caused, or materially aggravated while the eligible individual is stationed or assigned abroad;
 - (2) The illness, injury, or medical condition giving rise to the expense required or requires hospitalization and the expense is directly related to the treatment of such illness, injury, or medical condition, including obstetrical care; and
 - (3) The Office of Medical Services (M/MED) or a Foreign Service medical provider (FSMP) determines that the treatment is appropriate for, and directly related to, the illness, injury, or medical condition.
- (e) The Mission Director may, on the advice of M/MED or an FSMP at post, authorize medical travel for the contractor or an eligible family member in accordance with the General Provision 10, Travel and Transportation AAPD 06-10 PSC Medical Expense Payment Responsibility 6 Expenses (July 1993), section (i) entitled "Emergency and Irregular Travel and Transportation." In the event of a medical emergency, when time does not permit consultation, the Mission Director may issue a Travel Authorization Form or Medical Services Authorization Form DS-3067, provided that the FSMP or Post Medical Advisor (PMA) is notified as soon as possible following such an issuance. The contractor must promptly file a claim with his or her medevac insurance provider and repay to USAID any amount the medevac insurer pays for medical travel, up to the amount USAID paid

under this section. The contractor must repay USAID for medical costs paid by the medevac insurer in accordance with sections (f) and (g) below. In order for medical travel to be an allowable cost under General Provision 10, the contractor must provide USAID written evidence that medevac insurance does not cover these medical travel costs.

(f) If the contractor or eligible family member is not covered by primary health insurance, the contractor is the primary payer for the total amount of medical costs incurred. In the event of a medical emergency, the Medical and Health Program may authorize issuance of Form DS-3067, Authorization for Medical Services for Employees and/or Dependents, to secure admission to a hospital located abroad for the uninsured contractor or eligible family member. In that case, the contractor will be required to reimburse USAID in full for funds advanced by USAID pursuant to the issuance of the authorization. The contractor may reimburse USAID directly or USAID may offset the cost from the contractor's invoice payments under this contract, any other contract the individual has with the U.S. Government, or through any other available debt collection mechanism.

(g) When USAID pays medical expenses (e.g., pursuant to Form DS-3067, Authorization for Medical Services for Employees and/or Dependents), repayment must be made to USAID either by insurance payment or directly by the contractor, except for the amount of such expenses USAID is obligated to pay under this provision. The Contracting Officer will determine the repayment amount in accordance with the terms of this provision and the policies and procedures for employees contained in 16 FAM 521. When USAID pays the medical expenses, including medical travel costs (see section (e) above), of an individual (either the contractor or an eligible family member) who is covered by insurance, that individual promptly must claim his or her benefits under any applicable insurance policy or policies. As soon as the individual receives the insurance payment, the contractor must reimburse USAID for the full amount that USAID paid on the individual's behalf or the repayment amount determined by the Contracting Officer in accordance with this paragraph, whichever is less. If an individual is not covered by insurance, the contractor must reimburse USAID for the entire amount of all medical expenses and any travel costs the contractor receives from his/her medevac provider.

(h) In the event that the contractor or eligible family member fails to recover insurance payments or transfer the amount of such payments to USAID within 90 days, USAID will take appropriate action to collect the payments due, unless such failure is for reasons beyond the control of the USPSC/dependent.

(i) Before departing post or terminating the contract, the contractor must settle all medical expense and medical travel costs. If the contractor is insured, he or she must provide proof to the Contracting AAPD 06-10 PSC Medical Expense Payment Responsibility 7 Officer that those insurance claims have been submitted to the insurance carrier(s) and sign a repayment agreement to repay to USAID any amounts paid by the insurance carrier(s).

* * End of Provision * *

ATTACHMENT 2 - HOMELAND SECURITY PRESIDENTIAL DIRECTIVE-12
(HSPD-12) (SEPTEMBER 2006)

In response to the general threat of unauthorized access to federal facilities and information systems, the President issued Homeland Security Presidential Directive-12. HSPD-12 requires all Federal agencies to use a common Personal Identity Verification (PIV) standard when identifying and issuing access rights to users of Federally-controlled facilities and/or Federal Information Systems. USAID will begin issuing HSPD-12 "smart card" IDs to applicable contracts, using a phased approach. Effective October 27, 2006, USAID will begin issuing new "smart card" IDs to new contractors (and new contractor employees) requiring routine access to USAID controlled facilities and/or access to USAID's information systems. USAID will begin issuance of the new smart card IDs to existing contractors (and existing contractor employees) on October 27, 2007. (Exceptions would include those situations where an existing contractor (or contractor employee) loses or damages his/her existing ID and would need a replacement ID prior to Oct 27, 2007. In those situations, the existing contractor (or contractor employee) would need to follow the PIV processes described below, and be issued one of the new smart cards.)

Accordingly, before a contractor (including a PSC* or a contractor employee) may obtain a USAID ID (new or replacement) authorizing him/her routine access to USAID facilities, or logical access to USAID's information systems, the individual must provide two forms of identity source documents in original form and a passport size photo. One identity source document must be a valid Federal or state government-issued picture ID. (Overseas foreign nationals must comply with the requirements of the Regional Security Office.) USAID/W contractors must contact the USAID Security Office to obtain the list of acceptable forms of documentation, and contractors working in overseas Missions must obtain the acceptable documentation list from the Regional Security Officer. Submission of these documents, and related background checks, are mandatory in order for the contractor to receive a building access ID, and before access will be granted to any of USAID's information systems. All contractors must physically present these two source documents for identity proofing at their USAID/W or Mission Security Briefing.

The contractor or his/her Facilities Security Officer must return any issued building access ID and remote authentication token to USAID custody upon termination of the individual's employment with the contractor or completion of the contract, whichever occurs first. The contractor must comply with all applicable HSPD-12 and PIV procedures, as described above, and any subsequent USAID or government-wide HSPD-12 and PIV procedures/policies, including any subsequent related USAID General Notices, Office of Security Directives and/or Automated Directives System (ADS) policy directives and required procedures. This includes HSPD-12 procedures established in USAID/Washington and those procedures established by the overseas Regional Security Office. In the event of inconsistencies between this clause and later issued Agency or government-wide HSPD-12 guidance, the most recent issued guidance should take precedence, unless otherwise instructed by the Contracting Officer. The contractor is required to include this clause in any subcontracts that require the subcontractor or subcontractor employee to have routine physical access to USAID space or logical access to USAID's information systems.

*** End of Provision ***